

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



October 17, 1988

ALL-COUNTY LETTER NO. 88-136

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: IMMEDIATE NEED PENALTY EVALUATION PROJECT

REFERENCE: ALL-COUNTY WELFARE DIRECTORS LETTER DATED
JULY 7, 1988
ALL-COUNTY LETTER 88-105 DATED AUGUST 17, 1988

Attached is a camera-ready copy of the Immediate Need Penalty Evaluation Project Report form (Temp. 1750). Details of the project were transmitted by the correspondence referenced above. The form is to be used by both project and control Counties.


Project Counties will report on an extensive list of factors pertaining to immediate need. The report areas include the number and disposition of immediate need applications, the reason given for requesting immediate need, the amount of liquid resources on hand, payment amount, reason for denial, and the timeframe to verify AFDC eligibility and to issue the first aid payment (Part A and Part B on the report form).

Control Counties are to collect and report data regarding the number of immediate need applications, the number of approved immediate need requests, and the length of time to verify AFDC eligibility for approved immediate need cases (Part A only on the report form).

Reports on the first two reporting periods, August 1 through 31 and September 1 through 30 1988 will be due November 1, 1988 with each subsequent report due 30 days after the end of the report month.

If you have any questions on reporting requirements or need additional information, please contact Levy St. Mary at (916) 445-2135.

If you have any policy or procedure questions, please contact Susan Wyckoff at (916) 324-2003.


DENNIS J. BOYLE
Deputy Director

Attachment

cc: CWDA

**AID TO FAMILIES WITH DEPENDENT
CHILDREN (AFDC) Immediate Need
Penalty Evaluation Project
(8-1-88 through 7-31-89)**

SEND ONE COPY TO:

Department of Social Services
Statistical Services Section
744 P Street M.S. 19-81
Sacramento, CA 95814

NOTE: Project Counties Complete Part A and Part B.
Control Counties Complete Part A only.

	COUNTY	MONTH	YEAR	STATE USE ONLY
	(1)	(2)		(3)
PART A. Project/Control Counties				
1. Total number of Immediate Need Requests			1	
	STATE USE ONLY			
2. Total number of approved Immediate Need Requests	2		3	
3. Timeframe to determine AFDC eligibility for approved Immediate Need Requests. (Sum of a-f, col. 2 equals item 2 col. 3)	STATE USE ONLY			
Within: a. 1 working day	4	5		
b. 2-5 working days	6	7		
c. 6-15 working days	8	9		
d. 16-30 calendar days	10	11		
e. 31-45 calendar days	12	13		
f. over 45 calendar days	14	15		
PART B. Project Counties Only	(1)	(2)		(3)
4. Reason for Immediate Need Request*:				
a. Food	16			
	Emergency**		Non-Emergency	
b. Rent/Mortgage Payment	17	18		
c. Utilities	19	20		
d. Medical	21	22		
e. Other (Please Specify in Part C)	23	24		
5. Amount of Liquid Resources on Hand:				
a. Under \$10		25		
b. \$10.00 - 24.00		26		
c. \$25.00 - 49.00		27		
d. \$50.00 - 99.00		28		
e. \$100.00 - 199.00		29		
f. \$200.00 - 399.00		30		
g. \$400.00 - over		31		

* Counties may provide more than 1 reason per request, if needed.

** Emergency — As defined in current Regulations (PRC-WRL) at EAS 40-129.9.

Part B. Project Counties Only (Continued)

	(1)	(2)	(3)
6. Type of Payment:			
a. \$100.00 Immediate Need Payment.....	32		
b. Pro-rated grant amount based on Immediate Need (less than \$100).....	33		
c. Expedited Aid Payment based on determined eligibility	34		
7. Total Number of Denials.....			35
8. Total Reasons for Denial of Immediate Need*: (Equal to or more than Item 7)			36
a. Applicant has sufficient funds to cover need.....	37		
b. County Intervention:			
(1) Deferral, i.e., utility company/landlord agreed to wait for payment	38		
(2) County provided directly for need	39		
c. Applicant received food stamps within the timeframe for immediate need	40		
d. Applicant received Homeless Assistance	41		
e. Applicant not apparently eligible for AFDC	42		
f. Withdrawal	43		
g. Other (Specify in Part C).....	44		
9. Disposition of Approved Immediate Need Requests: (Sum of 9a, b and c) (Equal to Item 2, Col. 3)			45
a. Approved AFDC.....	46		
b. Denied AFDC.....	47		
c. Withdrew	48		

Part C. Use as necessary for Items 4e. and/or 8g.

PERSON TO CONTACT REGARDING THIS REPORT

TELEPHONE NUMBER

DATE

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